# SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-047658
STATE FILE NUMBER

Registration District No. 378 Primary Registration District No. 6285 Registrar's No. 57

FILED JAN 10 1962

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Wright
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mtn Grove — Length of stay in 1b 15 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) So. Star Route — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Wright
c. CITY OR TOWN Mtn Grove — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) So Star Route — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First George Middle Wallace Last Tindall
4. DATE OF DEATH Month Dec. Day 30, Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3-18-1890
9. AGE (last birthday) 71 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Produce Dealer
10b. KIND OF BUSINESS OR INDUSTRY Trucking
11. BIRTHPLACE (City and state or country) Fayette, Mo.
12. CITIZEN OF WHAT COUNTRY USA.
13a. FATHER'S NAME Millard F. Tindall
13b. MOTHER'S MAIDEN NAME Betty Lowry
14. NAME OF HUSBAND OR WIFE Thelma Tindall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. #1
16. SOCIAL SECURITY NO.
17. INFORMANT Thelma Tindall Address Mtn Grove

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary T.B. — INTERVAL BETWEEN ONSET AND DEATH Several months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-15-61, to 12-29-61 and last saw her/him alive on 12-30-61
Death occurred at 2:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R.W. Denney M.D.
22b. ADDRESS Mtn. Grove Mo.
22c. DATE SIGNED 1-2-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-1-1962
23c. NAME OF CEMETERY OR CREMATORY City Cemetery
23d. LOCATION (City, town, or county) (State) Licking Mo
24. FUNERAL DIRECTOR Lowell C. Craig ADDRESS Mtn Grove
25. DATE RECD. BY LOCAL REG. 1-2-1962
26. REGISTRAR'S SIGNATURE Bernice K Silverman

(Licensed Embalmer's Statement on Reverse Side)

JAN 23 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Everett C. Craig

Licensed Embalmer No. 4766

P. O. Address Mtn Grove,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.